

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035286

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 44 Primary Registration District No. 4060 Registrar's No. 23

FILED SEP 18 1963

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|---------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY Caldwell | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Caldwell | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Breckenridge | | Length of stay in 1b 4 Yrs. | c. CITY OR TOWN Breckenridge Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Own Home | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) None Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last Lora Jackson Wilson | | 4. DATE OF DEATH Month Day Year Sept. 7, 63 | |
| 5. SEX Male | 6. COLOR OR RACE Cauc | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 12/8/82 9. AGE (last birthday) 80 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | 10b. KIND OF BUSINESS OR INDUSTRY Farmer | 11. BIRTHPLACE (City and state or country) Ozgood, Mo. 12. CITIZEN OF WHAT COUNTRY USA |
| 13a. FATHER'S NAME George Washington Wilson | | 13b. MOTHER'S MAIDEN NAME Sarah Anderson 14. NAME OF HUSBAND OR WIFE Lennie Wilson | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of) No | | 16. SOCIAL SECURITY NO. 3 17. INFORMANT Address Lennie Wilson Breckenridge, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) McBullamy Failure DUE TO (b) Terminal Pneumonia DUE TO (c) Metastatic Carcinoma PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma of Esophagus, Metastatic to liver PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from 7-13-62 to 9/7/63 and last saw him alive on 9/7/63 Death occurred at 9:50 p m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Shoebright Dr | | 22b. ADDRESS Breckenridge Mo 22c. DATE SIGNED 9/9/63 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 9/10/63 23c. NAME OF CEMETERY OR CREMATORY IOOF Linneus 23d. LOCATION (City, town, or county) Linneus, Mo. | |
| 24. FUNERAL DIRECTOR Mead-Pitts | | 25. DATE RECD. BY LOCAL REG. 9-11-63 26. REGISTRAR'S SIGNATURE Mr. Fred Ann Ziegler | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John W. Pitts

Licensed Embalmer No.

5074

P. O. Address

Brekenridge, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.